



PLAN TO BE SAFE.

Training Modules for Emergency Operations
of Dispensing and Vaccination Clinics

A Guide for Public Health Program Planners

About this guide:

In 2004 Public Health Services of the Montgomery County, Maryland Department of Health and Human Services became one of the first eleven public health agencies in the nation to be recognized as Public Health Ready by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The county is home to one of eight Advanced Practice Centers for Public Health Preparedness (APCs) funded by NACCHO through the CDC. The Montgomery County APC developed the Training Modules for Emergency Operations of Dispensing and Vaccination Clinics.

Published in June 2005, this guide was supported by Cooperative Agreement Number U50/CCU302718 from the CDC to NACCHO. Its contents are solely the responsibility of the Montgomery County, Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response of and do not necessarily represent the official views of the CDC or NACCHO.

This publication is in the public domain. It may be reproduced in whole or in part by any individual or organization without permission, as long as the following citation is given: Montgomery County, Maryland Advanced Practice Center for Emergency Preparedness and Response, "Training Modules for Emergency Operations of Dispensing and Vaccination Clinics," June 2005. If a part or all of the publication is reproduced, the Montgomery County APC would appreciate knowing how it is used. Please use the form at our website, www.montgomerycountymd.gov/apc.

Contents

Overview:	Goals, Uses, Background, and Effectiveness	1
Anastasia:	Tabletop Training in Notification and Logistics Protocols for Site Commanders, Operations Managers, and Logistics Managers	5
	Instructor's Checklist	6
	Training Overview	7
	Scenario 1	9
	Report-out on Scenario 1	10
	Suggested Notification Protocols for Scenario 1: For the Instructor Only	11
	Scenario 2	13
	Report-out on Scenario 2	14
	Suggested Logistics Protocols for Scenario 2: For the Instructor Only	14
	Summary and Evaluation	16
Bernard:	Tabletop Training in Logistics Protocols for Operations Managers and Team Leaders	17
	Instructor's Checklist	18
	Training Overview	19
	Concept Lesson Background: For the Instructor Only	21
	Scenario	22
	Report-out on the Scenario	24
	Summary and Evaluation	24
Caroline:	Training in Dispensing Site Layout for All Levels of the Organization	25
	Instructor's Checklist	26
	Training Overview	27
	Video Presentation	29
	The Caroline A&Q Game	30
	Summary and Evaluation	32
Dagwood:	A Mass Vaccination Demonstration for All Levels of the Organization	33
	Instructor's Checklist	34
	Training Overview	35
	Video Presentation	36
	Q&A: Questions	37
	Q&A: Answers	37
	Summary and Evaluation	38
Glossary		43
*Appendices	All Appendices are located in the large (9 x 12") spiral bound pocket-folder.	

Overview

Goals, Uses, Background, and Effectiveness

The Advanced Practice Center for Public Health Emergency Preparedness and Response (APC) of Montgomery County, Maryland, is pleased to present this field-tested guide for training in emergencies for dispensing and vaccination clinics (DVCs).¹

Goals and Uses

The guide is designed for local public health agencies to use in staff orientation and training in DVC roles and responsibilities; the Incident Command System (ICS); and emergency event planning, response, and creative problem solving.

The guide presents four training modules tiered according to the managerial level of the participants (based on Montgomery County's organization chart, shown in Appendix A).² Borrowing from the National Weather Service's naming system for hurricanes, we gave each module a human name, in alphabetical order:

- ▶ Anastasia, for site commanders, operations managers, and logistics managers;
- ▶ Bernard, for team leaders in coordination with operations managers;
- ▶ Caroline, for all three levels of staff; and
- ▶ Dagwood, a simulated mass vaccination, for employees at all levels of the clinic's operations.

Each module includes a general overview; specific activities, such as activating participants' interest, processing scenarios, and playing training games; and a summary and evaluation. Each also includes supplementary background and appendices on DVC operations for the instructor.

Each module requires at least one instructor, but participants may benefit from additional facilitators for small-group work. Instructors and facilitators should have a basic knowledge of DVC exercise development.

Program managers may use the modules on a stand-alone basis or in conjunction with other training. The page layout for each module includes wide margins, so that the program developer or instructor can make notes to adapt the session to the jurisdiction's training needs.

¹ For the purposes of this guide, we use the term dispensing and vaccination clinic (DVC) synonymously with the term point-of-dispensing (POD) clinic.

² In January 2005, Montgomery County launched two additional modules: Eleanor, which focuses on the logistics of setting up a clinic operation; and Fernando, a tabletop exercise for first responders.

Background

(notes)

In 2003 the Montgomery County, Maryland Public Health Service (PHS), Emergency Preparedness and Response Program launched a year-long process to gain recognition as a Public Health Ready agency. Project Public Health Ready (PHR) is a program developed by the National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC) and the Columbia University Center for Public Health, established to:

- ▶ help define public health preparedness,
- ▶ develop a standard set of goals by which preparedness can be measured, and
- ▶ recognize local public health agencies that have achieved the goals in three areas-preparedness planning, competency-based training, and demonstrated readiness through drills and exercises.

As part of our preparation for PHR recognition, Public Health Service staff attended workshops on the basics of responding to weapons of mass destruction (WMD) and all-hazards emergencies, risk communications, family preparedness, and mental health. During that process PHS identified a need, as well as a PHR requirement, to provide training to public health staff throughout the county on how to develop and implement an all-hazards emergency response (see Appendix B).

The modules presented here are the result of subsequent program development by PHS professionals. With the exception of the Caroline and Dagwood modules, we conducted all the training sessions as stated in the lesson plans presented here.

Specifically, Caroline originally included two orientation sessions-one in the morning and one in afternoon-and a stage presentation of a mock clinic performed by public health staff, for a trainee audience of 400 public health professionals. Later we developed a video of the Caroline orientation training and modified the lesson plan to be suitable for 30 to 50 participants per session. We also added an interactive game to supplement the video.

The Dagwood training was originally Montgomery County's mass smallpox DVC exercise, as shown in the accompanying video. We modified the Dagwood lesson plan and video to provide local public health agencies with a better visualization of DVC roles and responsibilities before planning for a mass exercise.

Evaluation and Lessons Learned

The combination of all four trainings trained a total of 600 staff in Montgomery County Public Health Services. Most participants stated that the trainings were worthwhile and they felt that they developed a better understanding of what to expect in the event that they are called upon to set-up and staff a dispensing and vaccination clinic. Many agreed that use of scenarios and interactive activities created a healthy learning environment for adult learners. Many agreed that the large group discussions contributed to the learning experience as well.

We tailored our evaluation forms to the content of each of the four training modules. In their responses on the evaluations, the participants indicated that the tiered approach-training in individual components of clinic operations one component at a time-was easier to understand than it would have been had the training covered the full set of clinic responsibilities in the same session.

Four key lessons we learned were:

- ▶ develop a strategic plan for training, of which this training would be a part,
- ▶ integrate proven techniques of adult learning (verbal, visual, and active learning) in each session,
- ▶ adapt the curriculum based on well-founded recommendations that participants provide in their evaluations, and
- ▶ consider the long-range sustainability of the program and include additional technologies, such as Internet and video conferencing, which would be especially helpful for NEW employees (Appendix C details a Public Health Ready Road Map for New Employees).

The appendices in this guide were developed by Montgomery County, Maryland, Department of Health and Human Services, Public Health Services for the purpose of training and exercises. In most cases the appendices are to serve as examples and will have to be adapted to meet the needs of each jurisdiction or locality.

Anastasia

Tabletop Training in Notification

and Logistics Protocols for:

Site Commanders,

Operations Managers,

and Logistics Managers

Anastasia Module: Instructor's Checklist

Ultimate Goal:

Site commanders, operations managers, and logistics managers will be able to operate dispensing sites effectively and efficiently in the event of a public health emergency.

Training Goal:

These personnel will learn how to carry out their roles and responsibilities in the event of a public health emergency.

Training Objectives:

1. Develop an efficient plan for the dispensing site's staff.
2. Define and understand the roles and responsibilities of site commanders and operations and logistics managers.
3. Define and understand the primary functions of each station in the dispensing site.
4. Define and understand the most critical priorities for setting up each station.

Curriculum:

The participants will work to develop a notification system protocol and roles and responsibilities checklist to use in the event of a public health emergency.

Materials:

- ▶ Flip chart or whiteboard easel or large (poster-sized) Post-it® Notes
- ▶ Marker pens for flip chart, in multiple colors
- ▶ Paper and pencils
- ▶ Masking tape
- ▶ Handouts (make photocopies of Appendices E, F, G, H, I & J if needed).

Agenda (approximate training time 3½ hours with no breaks, 4 hours with two 15-minute breaks, and 4½ hours with one 15-minute break and one 45-minute break):

- ▶ Overview by activator-60 minutes
- ▶ Scenario 1-45 minutes
- ▶ Report-out on Scenario 1-20 minutes
- ▶ Break-15 minutes
- ▶ Scenario 2-45 min.
- ▶ Refreshment Break-45 minutes (optional) or 15-minute break
- ▶ Report-out on Scenario 2-20 minutes
- ▶ Summary and evaluation-15 minutes

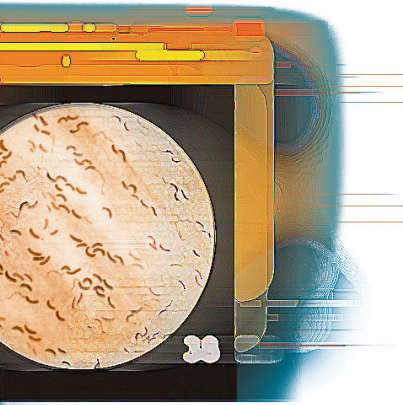


(notes)

Anastasia Training Overview

(60 minutes)

Note: As the instructor, you'll need to become very familiar with the appendices listed under "Materials" in the Instructor's Checklist above. Be sure to make enough copies of the appendix handouts for all registered participants and any walk-ins you may have.



At the start of the session, provide introductions and opening remarks; review the agenda, guidelines for discussion, goals and objectives, and curriculum (see the Instructor's Checklist on the preceding page); and address housekeeping issues, such as sign-in sheets and bathroom locations. You'll also give an overview of your own jurisdiction's DVC plans (see Appendix D for a sample Microsoft® PowerPoint presentation).

To "activate" the session (see the Glossary for a definition of activating), present the following script.

Activator:

"You have been asked to prepare a gala for 200 guests to honor an important dignitary, and your lead time is only six weeks. You're going to need a lot of people and materials to get the job done. Take a couple of minutes to brainstorm with a partner what this job would entail."

Note: Allow the group to discuss this in pairs. Then call the group back to order after two minutes.

"Let's look at some of the preparations and materials you decided were necessary to make the gala a success."

Note: Allow individuals to volunteer responses. Record them on flip chart pages, a large whiteboard, or large Post-it® Notes.

"Now I'd like you to look the responses you've contributed. Take another couple of minutes to work with your partner to sort this information into logical categories. Food purchasing might be one, for example."

Note: Give the group paper, and have them record their ideas. Allow about two minutes for this task. Then have the participants post their responses along the sides or front of the room.

"You've done a good job of demonstrating how much planning and coordination go into an event of this magnitude. You've also shown that there are multiple ways to carry out an assignment such as this."

"In the scenarios that follow, I'd like you to apply what you've demonstrated here to the framework of a public health emergency plan. When you participate in these exercises, it is imperative that you identify the necessary steps, organize your steps in categories, and imagine as many contingencies as possible, so that you will be both well prepared and fully prepared."

Anastasia Scenario 1

(45 minutes)

(notes)

Note: When planning for this scenario, consider briefing a facilitator for each small group ahead of time on the objectives of the scenario (see Appendix E for sample scenario 1).

Instructor:

"Today we'll be planning for two emergency scenarios:

1. In the first scenario, you'll gain a fuller awareness of notification system protocols. You'll be able to answer the question, 'How do different members of the emergency preparedness team disseminate information to key constituencies at the onset of an emergency?'

2. In the second scenario, you'll gain a better understanding of logistics protocols for setting up the clinic itself. After that exercise, you'll be able to answer the question, 'What are the distinct roles and responsibilities of different staff in establishing a clinic that runs efficiently and effectively?'

Note: For this scenario divide participants into breakout areas. Each group should have no more than 8 to 10 participants and should have a roughly equal mix of site commanders, operations managers, and logistics managers, if possible.

"I'd like you to divide into the groups you have been assigned, after I've given the directions. Please note that your group will have a mix of site commanders, operations managers, and logistics managers.

"You'll have 45 minutes to prepare for the first scenario. Here it is: Smallpox has been confirmed in your region. The site commander has received a call to activate the dispensing and vaccination clinic. With your small group, your task is to develop a call-down system to notify the DVC staff. An example might be a phone tree.

"Your county, city, or state health department may already have a notification system in place. If so, please make sure you include the procedures mandated there. If not, you might want to discuss what steps must be included in a staff notification system.

"Each group needs two volunteers: one to serve as a recorder to capture the ideas of the group, using the markers and Post-it® Notes I'll pass out, and one to serve as the reporter who will later share

your recorded plan with the larger group.

"Some questions you may want to consider are:

- ▶ How would you word your message notifying staff of the emergency?
- ▶ Who would be responsible for making the various telephone calls?
- ▶ What system would you use to relay information back to the operations or logistics manager?
- ▶ Keeping in mind that the work shifts will be 12 hours long, how would you communicate information from one shift to the next during the emergency?

"Are there any questions?"

Note: Answer any questions, then ask group members to find their assigned space. You may want to provide signage for the assigned spaces. Give the small groups 45 minutes to develop a plan. Circulate among the groups, making sure that one group member is recording the key points in the discussion.

Report-out on Anastasia Scenario 1 (20 minutes)

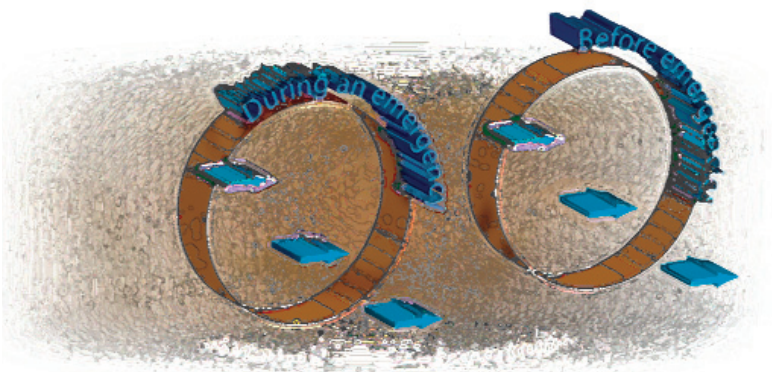
Note: After 45 minutes call the small groups back together. Allow the groups' reporters 20 minutes to share their information.

Instructor:

"Please post your charts on the wall. I'll ask each reporter to share his or her group's plan, one at a time."

Note: Invite questions and suggestions from other groups during each reporter's presentation. You may want to include some of the recommendations listed below, if the groups do not identify all of them.

BREAK (15 minutes)



Suggested Notification Protocols for Anastasia Scenario 1:

For the Instructor Only.

During an emergency the Public Health Command Center will:

- ▶ Notify site commanders about the exact nature of the emergency.
- ▶ Use the Incident Command System.
- ▶ Reassign staff if needed.
- ▶ Send a consistent broadcast message out to the community.

Before emergencies the site commander will:

- ▶ Reeducate staff concerning expectations.
- ▶ Become familiar with the site and revisit it biannually.

During an emergency the site commander will:

- ▶ Establish a starting time to report for work.
- ▶ Make sure all employees know:
 - where to report to work, and
 - how to get vaccination and treatment for family members.
- ▶ Identify the location of needed vaccines.
- ▶ Ensure that all employees and key public officials have the up-to-date telephone numbers and e-mail addresses they need.

During an emergency team leaders will:

- ▶ Call down to all employees who report to them.
- ▶ Report back to their managers on only the employees who cannot make it to their assignment.
- ▶ Remind employees they must keep two copies of the telephone list: one at work, and one at home.

Before emergencies the logistics manager will:

- ▶ Develop a system for procuring alternate staff.
- ▶ Develop a system for transporting employees who live out of the area or cannot drive in.
- ▶ Design a phone-tree call system, e.g.:
 - site commanders call managers,
 - managers call team leaders, and
 - team leaders call staff members.
- ▶ Set up a sequence-type calling system, such as a telephone tree.
- ▶ Develop redundant systems for contacting staff members. In case telephone lines are out, develop predetermined emergency codes for the radio and web site, and disseminate to staff laminated cards listing the codes.
- ▶ Develop a back-up procedure for employees with blocked home phone numbers.
- ▶ Set up a central call-in system for employees to get messages.

During an emergency the logistics manager will:

- ▶ Set a report-back time of one hour.
- ▶ Include the following information in messages to employees:
 - who is calling,
 - the type of incident (do not mention the disease agent if leaving a voicemail),
 - the dispensing site, shift, and time to report to work,
 - instructions to stay tuned to specified radio and TV stations for further information, and
 - the telephone number to call for a taped message.
- ▶ Develop a separate script for messages that must be left on voicemail or with a colleague or family member.

Anastasia Scenario 2

(45 minutes)

(notes)

Instructor (see Appendix F for sample scenario 2):

"Now we turn to Anastasia Scenario 2, which entails how to set up the DVC once the staff has been notified.

"Imagine that the Emergency Operations Center along with Public Health have been activated because of the smallpox outbreak. Your Public Health employees have been notified and vaccinated, and they've arrived at the DVC. You and your staff have already been assigned a specific role: you are a site commander, operations manager, or logistics manager. Your responsibility is to ensure that your functional area will be ready to vaccinate the public.

"For this task you'll be grouped according to your role assignment. You are to work with your like-role colleagues to discuss and develop protocols and tools, such as necessary checklists, to help you carry out your responsibilities. Remember that your number-one goal is to set up the clinic so that it will function as efficiently and effectively as possible. As in the first scenario, each group needs two volunteers: one recorder, and one reporter.

"Some question you may want to ask yourselves in this scenario are:

- ▶How will I conduct staff briefings?
- ▶What documentation will I need?
- ▶What supplies will I need?
- ▶How will runners communicate with different personnel?
- ▶How will I deal with special needs of the public, such as mental health issues, physical handicaps, and language barriers?

"You'll have 30 minutes for this task. Do you have any questions?"

Note: Assign like-role groups to the designated spaces. Provide each participant with the following handouts: a sample supply list (Appendix G), a clinic layout design (Appendix H), job action sheets (Appendix I), and station functions and descriptions (Appendix J). Give the groups 30 minutes to perform this task. Circulate around the groups to check whether they understand their task.

BREAK (a 45-minute refreshment break is optional; allow at least a 15-minute break)

Report-out on Anastasia Scenario 2 (20 minutes)

Note: After the break, reassemble the groups as one. Have the reporters from each group share their plans. You may want to supplement the groups' ideas with the recommendations below, if needed.

Recommended Logistics Protocols for Anastasia Scenario 2: For the instructor ONLY.

Protocols all managers should establish:

- ▶Specify time estimations for each station.
- ▶Tour the site at the beginning of each shift.
- ▶Get to know staff other than those from the PHS.
- ▶Do a final walk-through to ensure satisfactory standards.
- ▶Review each staff member's duties.
- ▶Establish a set briefing time for each shift.
- ▶Update the staff regularly to alleviate anxiety.

Protocols to be established by the site commander:

- ▶Obtain a chart of critical phone numbers.
- ▶Obtain situational status report forms.
- ▶Notify the Public Health Command Center or Emergency Operations Center when the site will be open to the public.
- ▶Develop a security plan.
- ▶Be aware of the sensitivity of information disseminated to the public and media.
- ▶Develop a plan for communications with family members.

Protocols to be established by the operations manager:

- ▶ Develop a staffing sign-in and sign-out log.
- ▶ Delegate the responsibility for site set-up.
- ▶ Count staff members for sign-in and sign-out purposes.
- ▶ Determine modes of communication for different tasks.
- ▶ Ask team leaders to report to the site commander every hour (or as needed).
- ▶ Identify special-needs populations.
- ▶ Develop a system of breaks for staff.
- ▶ Develop a change-of -shift reporting form.
- ▶ Establish a secure location for personal items.

(notes)

Protocols to be established by the logistics manager:

- ▶ Obtain a copy of the floor plan and equipment placement.
- ▶ Obtain the medical and nonmedical supply log.
- ▶ Obtain the station supply log.
- ▶ Obtain the medication-tracking form.
- ▶ Obtain an inventory form to track supplies.
- ▶ Obtain the roles and responsibilities form.
- ▶ Take an inventory of medications, food, and supplies.
- ▶ Recommended supplies for the DVC:
 - telephones
 - palm pilots
 - laptop computers
 - bright orange traffic-control flags
 - walkie-talkies
 - hand dollies
 - box cutters
 - small containers
 - food
 - water
 - cooler(s) on wheels
 - clipboards
 - whistles
 - biohazard containers
 - tissues
 - non-latex disposable gloves
 - masks
 - office supplies
 - flashlights
 - TV with video player.
- ▶ Designate and clearly mark staff-only areas.
- ▶ Distribute emergency plans and maps to each station.

Summary and Evaluation

(15 minutes)

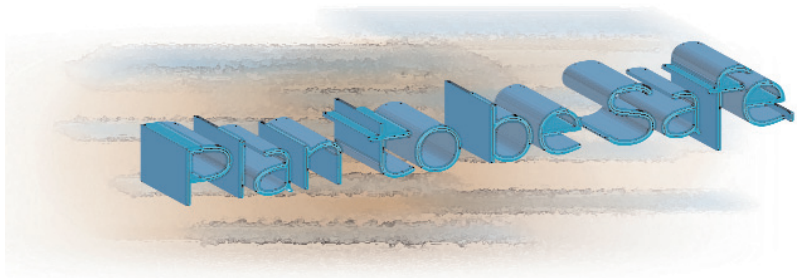
Instructor:

"You have worked together today to identify the steps of a notification system protocol and to begin to learn how to plan and organize a dispensing and vaccination clinic. We will be very grateful for your help in filling out our evaluation form. Please answer each question thoroughly and sincerely. We will seriously consider your comments and suggestions; they will help us decide how to improve our training efforts for future participants."

Note: This is a critical point to introduce NEXT STEPS in your jurisdiction's emergency planning efforts and to promote future training events or other activities designed to keep participants engaged in the process. You may also want to offer an incentive (a mini flashlight, magnet, or button) to encourage a high rate of returning the evaluations.

"Thank you for your dedicated and thoughtful participation. And as they say in Montgomery County, 'Plan to be safe!'"

Note: Pass out the evaluation forms and collect them. Dismiss the group and thank individual participants as they leave. (See Appendix K for a sample evaluation form.)



Bernard

Tabletop Training in
Logistics Protocols for:
Operations Managers
and Team Leaders

Bernard Module: Instructor's Checklist

Ultimate Goal:

Team station leaders will be able to set up and operate a DVC efficiently and effectively in a public health emergency.

Training Goal:

Team station leaders will understand their roles and responsibilities in the event of a public health emergency.

Training Objectives:

- 1. Identify the primary roles and responsibilities of team station leaders.**
- 2. Clarify the primary functions of each station in the dispensing site.**
- 3. Set priorities for setting up the assigned station.**

Curriculum:

The participants will work to understand the following:

- ▶ The Incident Command System for emergency response, and**
- ▶ DVC roles and responsibilities.**

Materials:

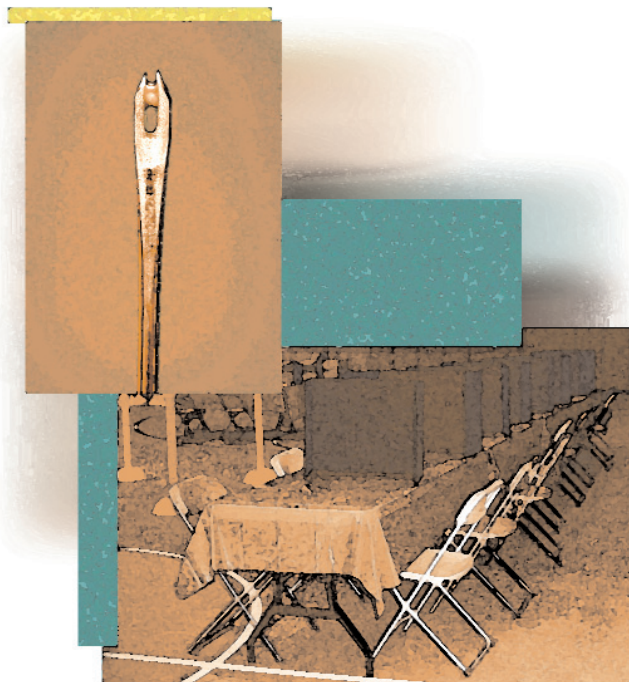
- ▶ Paper**
- ▶ Pencils**
- ▶ Flip chart and paper, or whiteboard, or large Post-it® Notes**
- ▶ Markers**
- ▶ Handouts (make photocopies of Appendices M, I, J, H, & G, if needed)**
- ▶ Masking tape**

Agenda (approximate training time, with break, 3 hours):

- ▶ Overview by activator-60 minutes**
- ▶ Scenario-60 minutes**
- ▶ Break-15 minutes**
- ▶ Report-out on scenario-30 minutes**
- ▶ Summary and evaluation-15 minutes**

Bernard Training Overview

(60 minutes)



Note: As the instructor, you'll need to become very familiar with the appendices listed under "Materials" in the Instructor's Checklist above. Be sure to make enough copies of the appendix handouts for all registered participants and any walk-ins you may have.

At the start of the session, provide introductions and opening remarks; review the agenda, guidelines for discussion, goals and objectives, and curriculum (see the Instructor's Checklist on the preceding page); and address housekeeping issues, such as sign-in sheets and bathroom locations. You'll also give an overview of your own jurisdiction's DVC plans (see Appendix L for a sample Microsoft® PowerPoint presentation).

To "activate" the session (see the Glossary for a definition of activating), present the following script.

Activator:

"As a warm-up, we'll be playing a game. The rules of the game are as follows: I am thinking of a concept or an idea. I'll list for you several examples of the concept and several non-examples of the concept, one concept at a time. I'll then ask you to contribute guesses as to the concept I have in mind. As we go through the game, other participants may decide to keep or eliminate your guess based on logical reasoning. By using critical thinking skills, you should be able to figure out the concept I have in mind. A simple example is as follows:

(notes)

EXAMPLE

1. Australia
2. Antarctica
3. Tierra del Fuego
4. Johannesburg

NON-EXAMPLE

Computer
North America
Lisbon
Iceland

"In this example, you might guess 'continents' after seeing the first example, but after seeing the second non-example, you would have to retract your guess since North America is a continent. You would go through this process until someone or a group of people came up with the concept: 'places in the Southern Hemisphere.' Are there any questions?"

Note: After you check for questions, proceed with your introductory activator.

"I am thinking of a concept. Here is the first example: **MAKE LISTS**. Here is the first non-example: **EAT LUNCH**. Here is the next example: **STUDY THE POPULATION**. Here is the next non-example: **TAKE A NAP**, etc. Here is the list:

EXAMPLE

1. Make lists.
2. Study the population.
3. Troubleshoot problems.
4. Use multiple tactics.
5. Deploy a notification system.
6. Train the staff.

NON-EXAMPLE

Eat lunch.
Take a nap.
Make random statements.
Be rigid.
Count on luck.
Give up.

Note: Solicit guesses from the participants until someone guesses correctly.

"That's right. What I'm getting at here is: Planning for an emergency. That is our concept."

Note: At this point, ask the participants how they came up with that concept. You can also ask them to add to the list of examples and non-examples of this concept.

"This idea of planning is extremely important to all of us as we face uncertain public health threats. Today, as you examine your own role as a manager or team leader, please keep this concept-planning for an emergency-at the forefront of your thoughts and your efforts with your fellow participants."

Note: Now move on to the main purpose of your instructional activity: setting up the DVC.

STATION 1

STATION 2

STATION 3

STATION 4

(notes)

Bernard Concept Lesson Background: For the Instructor Only

The concept attainment lesson allows participants to come up with a particular concept or idea by looking at examples of that concept and analyzing what they all have in common. As in the \$10,000 Pyramid game, one participant supplies examples of an idea to a partner, and the partner has to guess what the big idea is.

A concept attainment lesson proceeds in the following steps:

- ▶ The instructor has a big idea or category in mind.
- ▶ The instructor lists examples, one at a time, of this big idea.
- ▶ At the same time, the instructor gives clues by providing some examples of what the concept IS NOT. These are the "non-examples."
- ▶ The participants raise their hands and make guesses periodically as the facilitator keeps listing examples and non-examples.
- ▶ The instructor keeps track of the participants' responses by listing all of them.
- ▶ Periodically, the instructor asks the participants to examine the list of possibilities.
- ▶ The participants can eliminate some of the guesses on the list as the instructor provides more and more clues.
- ▶ Eventually the participants should be able to guess the concept that the instructor has had in mind.

PLEASE NOTE: It doesn't matter at all what you use for a non-example. The only thing that matters is that it is not an example of the big idea.

Bernard Scenario

(60 minutes)

Note: When planning for this scenario, consider briefing a facilitator for each group ahead of time on the objectives of the scenario (see Appendix M for sample scenario).

Instructor:

"This orientation exercise will ask you to identify the steps involved in setting up a dispensing and vaccination clinic. In this Bernard Scenario, a smallpox outbreak in your community has activated the Emergency Operations Center along with the Public Health department. You have already notified and vaccinated your public health staff, as well as their family members. You and your staff have arrived at your assigned DVC. You are the designated a Team Leader. All needed supplies (medical and nonmedical) are already at the clinic. Your responsibility is to ensure that your station and your staff will be ready to vaccinate the public."

Note: For the following exercise, you'll need to pass out copies of the Job Action Sheets in Appendix I.

"I will be dividing you up into four smaller groups, to represent each of the four primary functional areas within the DVC:

- ▶ Station 1-Triage and Registration
- ▶ Station 2-Education
- ▶ Station 3-Medical Screening
- ▶ Station 4-Medication/Vaccination

"You are to discuss within your group ways to ensure the smooth operation of your functional area. You'll receive position descriptions and various administrative forms for your review. You'll have one hour to discuss and record your answers to the following questions:

- 1.How will you assess whether your station is ready to process patients through the clinic?
- 2.What will you tell team members about their roles and responsibilities at your station?
- 3.What will you ask staff members to include in their start- and end-of-shift reports?
- 4.Whom will you notify if you have problems at your station?
- 5.How will you schedule staff breaks?

"You should also discuss the following:

1. How will I conduct staff briefings?
2. What documentation will I need?
3. What supplies will I need?

"As you discuss the questions with your group, organize the information onto a chart. Your charts will be color-coded by station. I'll give Station 1 a red marker; Station 2, an orange marker; Station 3, a brown marker; and Station 4, a blue marker. Your group will need to assign someone to be a recorder and someone else to be a reporter. Please count off '1 to 4.' The number you say will be the station you'll work to develop."

Note: You can also assign participants to groups ahead of time. At this point, pass out copies of the scenario and the questions to each of the participants (see Appendix M).

Have the group members count off "1 to 4" until everyone has a number. Then give each group flip chart paper, markers in the appropriate color, and other relevant papers (Job Action Sheets (Appendix I), station functions and descriptions (Appendix J), a sample layout of a clinic (Appendix H), and a sample supply list (Appendix G). Assign each group to an area of your classroom or to separate classrooms, if available.

"Remember to answer the questions thoroughly and thoughtfully. Do feel free to introduce any miscellaneous ideas or questions you may have regarding the roles and responsibilities of your station. You may now get together with your group.

"We'll take a 15-minute break after this breakout session, after which I'll ask you to report back to the larger group."

Note: After an hour has passed, break for at least 15 minutes.

BREAK (15 minutes)

Report-out on Bernard Scenario

(30 Minutes)

Note: Reassemble the smaller groups into the large group.

"Now we'll take time to share your station's responses from the information recorded on the flip chart paper. We'll start with the Station 1 reporter."

Note: Continue through Station 2, 3, and 4. Be sure to leave sufficient time for questions and answers.

Summary and Evaluation (15 minutes)

Instructor:

"You have worked together today to organize the four key stations in your DVC. What have you learned from this exercise? What are some of the critical steps in setting up your station in the DVC? Do you feel as though you have a better understanding of your role and responsibilities within the DVC?"

Note: Allow individuals to share answers as you record them.

Instructor:

"I will be handing out evaluation forms for the Bernard training. Please answer each question thoroughly and sincerely. We will seriously consider your comments and suggestions; they will help us decide how to improve our training efforts for future participants."

Note: This is a critical point to introduce NEXT STEPS in your jurisdiction's emergency planning efforts and to promote future training events or other activities designed to keep participants engaged in the process. You may also to offer an incentive (mini flashlight, magnet, or button) to encourage a high rate of returning the evaluations.

"Thank you for your dedicated and thoughtful participation. And as they say in Montgomery County, 'Plan to be safe!'"

Note: Pass out the evaluation forms and collect them. Dismiss the group and thank individual participants as they leave. (See Appendix N for a sample evaluation form.)

Caroline

Training in Dispensing

Site Layout for

All Levels of the

Organization

Caroline Module: Instructor's Checklist

Ultimate Goal:

Health staff and support staff of local public health agencies will be able to set up and operate a DVC efficiently and effectively in a public health emergency.

Training Goal:

These personnel will learn how to carry out their roles and responsibilities regarding the layout of dispensing sites.

Training Objectives:

1. Define the functions of stations within the dispensing vaccination clinic (DVC).
2. Define and understand the roles and responsibilities of DVC team members.
3. Plan how the Incident Command System (ICS) will function.
4. Define pathways of communication within the ICS.

Curriculum:

The participants will view a video of a mock DVC staging that demonstrates the staff's response to a public health emergency requiring smallpox vaccination.

Materials:

- ▶ Roles and responsibilities video titled "Operation Caroline: A Stage Presentation of a Mock DVC"
- ▶ Handouts (if necessary)
- ▶ Paper and pencils
- ▶ The Caroline A&Q Game plan, money chart enlarged (see Appendix P)
- ▶ Incentive prizes
- ▶ VCR/TV

Agenda (approximate training time, with break, 2 hours):

- ▶ Overview by the activator-40 minutes
- ▶ Video presentation-20 minutes
- ▶ } Break-15 minutes
- ▶ Playing the Caroline A&Q Game-30 minutes

Caroline Training Overview

(45 minutes)

Note: As the instructor, you'll need to become very familiar with the appendices listed under "Materials" in the Instructor's Checklist above. Be sure to make enough copies of the appendix handouts for all registered participants and any walk-ins you may have.

At the start of the session, provide introductions and opening remarks; review the agenda, guidelines for discussion, goals and objectives, and curriculum (see the Instructor's Checklist on the preceding page); and address housekeeping issues, such as sign-in sheets and bathroom locations. You'll also give an overview of your own jurisdiction's DVC plans (see Appendix O for a sample Microsoft® PowerPoint presentation).

Before the session starts, arrange tables for groups of eight to ten, if possible. Otherwise, you'll need to ask the participants to divide into groups.



To "activate" the session (see the Glossary for a definition of activating), present the following script.

Activator:

"Congratulations! You have just gotten the lead role in a play. All the other actors and actresses have been cast as well. You and the others are so eager to be a part of the play, and so very talented, that you know it's going to be a smash hit. The designers are creating beautiful sets for the stage. The costumes evoke the era. The props are ready.

"Opening night arrives: the moment of truth. Much to your horror, the performance is a disaster. What could possibly have gone wrong? I want you to brainstorm with the people at your table what might have happened."

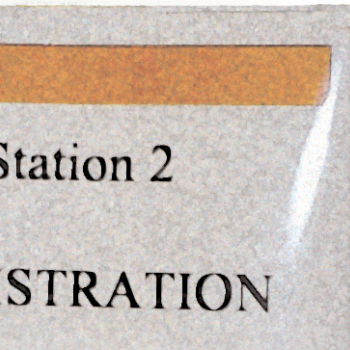
Note: Allow the groups five minutes to discuss possible problems.

"Let's take a look at what you've discussed. What do you think went wrong?"

Note: Using the flip chart, record the responses or designate someone to record them for you. After hearing all the responses, summarize them. A sample script appears below.

"As you can see, no matter what the endeavor, there are many possibilities for miscues, misunderstandings, and missed opportunities to anticipate the unanticipated. Remember Murphy's Law-"If anything can go wrong, it will"? In preparing for emergencies, you can go a long way toward circumventing Murphy's Law by keeping these important ground rules in mind:

- 1.Prepare for the unexpected.
- 2.Clearly define the responsibilities expected of each role in the play.
- 3.Work hard for good communications between the stage managers, the crew, and the actors.
- 4.Remember how performers make it to Carnegie Hall: Practice, practice, practice!"



Video Presentation

(20 minutes)

Instructor:

"Today you will be watching a video and viewing a mock staging to set up a dispensing and vaccination clinic. Remember our failed theatrical event! Bear in mind the importance of careful planning, clear roles for team members, good communications, and practicing what you'll learn today. Each of these ground rules will help you minimize the amount of improvising your DVC has to do during an emergency."

Note: Remind participants to reflect on their own jurisdiction's DVC plan. (The video is based on the DVC plan of Montgomery County, Maryland).

"The video you'll see is set up on a stage to show the roles and responsibilities of staff for a smallpox vaccination clinic. I encourage you to take notes. After I show you the video, you'll be playing an "Answer and Question" game not unlike a popular TV show you know, so you'll want to pay close attention to the contents."

Note: Give out paper and pencils, if needed. Show the video.

BREAK (15 minutes)

The Caroline A&Q Game

(30 minutes)

Note: Before the training session, you'll need to enlarge the Caroline A&Q money chart (see Appendix P), excluding the question sheet, and either post it on a whiteboard or put it on an overhead or PowerPoint™ slide.

After the break, give directions for the Caroline A&Q game.

Instructor:

"Now we are going to play The Caroline A&Q Game. You'll be working in teams to provide the appropriate question for the answers on the board. There are 30 answers in all: six categories with five questions per category."

"Now I'd like you to form six lines with [x] people per line. I also need someone to volunteer as a scorekeeper."

Note: Determine the number of people per line by dividing the class size by six. You can "host" the game any way that meets the needs of your program, depending on the number of participants in the session. You may even want to play multiple games at one time, depending on the number of other instructors or facilitators on hand to serve as hosts.

"In front of you is a game board with the names of the answer categories and the money values for the answer squares. When it is your turn, choose any available answer square and try to supply its appropriate question. If you cannot, the person next to you will have the chance. The team of the person supplying the correct question wins the dollar amount shown for the answer. The next person following an incorrect question may either choose a new answer or supply the question for the answer just missed. This process continues until everyone has had a turn. The team with the most dollars wins."

Note: An easy way to play this game is to do as follows:

- ▶ Enlarge the game board with the money values on it.
- ▶ Place the participants in six lines with equal numbers of people per line. Each line will represent a team.
- ▶ Starting with the first line on your left as you face the participants, ask the first person in the line to choose a category-by-dollar square. Read the answer corresponding to that square (see Appendix Q for A&Q).
- ▶ The next answer square should go to the person next to him or her. Note that this person will be in the next line, on a different team.
- ▶ Continue until you get through the first row of six people. At that point, one member of each team will have chosen an answer square.
- ▶ Then turn to the participants in the next row (those standing second in line).
- ▶ Continue until everyone has had a turn.
- ▶ Make sure the scorekeeper is recording the scores as you proceed.
- ▶ Place a Post-it® Note over answers that have been selected, so that participants won't select them again.
- ▶ Use The Caroline A&Q Game sheet to find the questions.
- ▶ You might want to give some nominal prizes relevant to the training (a box of bandages, perhaps) to the members of the winning team.

(notes)



STATION NUMBERS	FORM SECTIONS	CALL ME	VACCINE	LOGISTICS	MISC.
\$200	\$200	\$200	\$200	\$200	\$200
\$400	\$400	\$400	\$400	\$400	\$400
\$600	\$600	\$600	\$600	\$600	\$600
\$800	\$800	\$800	\$800	\$800	\$800
\$1000	\$1000	\$1000	\$1000	\$1000	\$1000

Minneapolis County, Minnesota, Department of Health and Human Services, Public Health Services

Summary and Evaluation

(15 minutes)

"You have learned about the functions of the stations and the roles and responsibilities in the DVC. Did any of the activities give you new insight into your own responsibilities? Did it change your perception of what you must do in any way? What are the most important insights you've gained from this training? How does the Caroline video of a mock DVC relate to your own DVC plans?"

Note: Ask the group to compare and contrast the video and their own DVC plans. Allow individuals to share answers as you record them, or ask a volunteer to serve as a recorder.

Instructor:

"I will be handing out evaluation forms for the Caroline training. Please answer each question thoroughly and sincerely. We will seriously consider your comments and suggestions; they will help us decide how to improve our training efforts for future participants."

Note: This is a critical point to introduce NEXT STEPS in your jurisdiction's emergency planning efforts and to promote future training events or other activities designed to keep participants engaged in the process. You may also want to offer an incentive (mini flashlight, magnet, or button) to encourage a high rate of returning the evaluations.

"Thank you for your dedicated and thoughtful participation. And as they say in Montgomery County, 'Plan to be safe!'"

Note: Pass out the evaluation forms and collect them. Dismiss the group and thank individual participants as they leave. (See Appendix R for a sample evaluation form.)

Dagwood

A Mass Vaccination
Demonstration for:
All Levels of
the Organization

Dagwood Module: Instructor's Checklist

Ultimate Goal:

Public health staff at all levels will be able to operate a mass dispensing and vaccination clinic (DVC) efficiently and effectively in a public health emergency.

Training Goal:

These personnel will learn how to operate a DVC.

Training Objectives:

1. Define and understand DVC operations and the functions of stations.
2. Assess the flow of clients through the clinic.
3. Define and understand effective methods of communicating during emergencies.
4. Define and understand the roles and responsibilities of the DVC staff.
5. Identify the non-public health support staff.
6. Identify methods of transporting clients to the DVC.

Curriculum:

- ▶ The participants will view a video demonstrating their roles and responsibilities, as well as those of others, in a mock DVC and assess the efficiency of the plan they will develop in the subsequent exercise.

Materials:

- ▶ Handouts (make photocopies of Appendices S, if needed)
- ▶ Video titled "Operation Dagwood: A Mock Smallpox Vaccination Clinic Exercise"
- ▶ Markers
- ▶ Flip chart and paper, whiteboard, or large (poster-sized) Post-it® Notes
- ▶ List of questions (see Appendix S)
- ▶ TV/VCR
- ▶ Paper and pencils

Agenda (approximate training time, with break, 1½ hours):

- ▶ Overview by the activator-20 minutes
- ▶ Video presentation-15 minutes
- ▶ Q&A: questions-15 minutes or more
- ▶ Break-10 minutes
- ▶ Q&A: answers-20 minutes
- ▶ Summary and evaluation-10 minutes

(20 minutes)

At the start of the session, provide introductions and opening remarks; review the agenda, guidelines for discussion, goals and objectives, and curriculum (see the Instructor's Checklist on the preceding page); and address housekeeping issues, such as sign-in sheets and bathroom locations. You'll also give an overview of your own jurisdiction's DVC plans (see Appendices D, L & O for sample Microsoft® PowerPoint presentations).

To "activate" the session (see the Glossary for a definition of activating), present the following script.

Activator:

"Many of you have participated in either a job or school orientation program. Everything is very unfamiliar to you at first. You feel bombarded with information; you meet a lot of new people; and you get only an overview of what's expected of you. I'd like you to think back to a time when you were a part of an orientation program. Take two minutes to think about that program."

Note: Allow the group two minutes to think.

"Now I'd like you to discuss with a partner the positive and negative aspects of the orientation you received. You have three minutes to do so."

Note: Allow the group three minutes for discussions.

"Now let's share your responses."

Note: While the participants share, record on opposite sides of a flip chart the positives and negatives of an orientation. Take five minutes for this. Then summarize.

(notes)



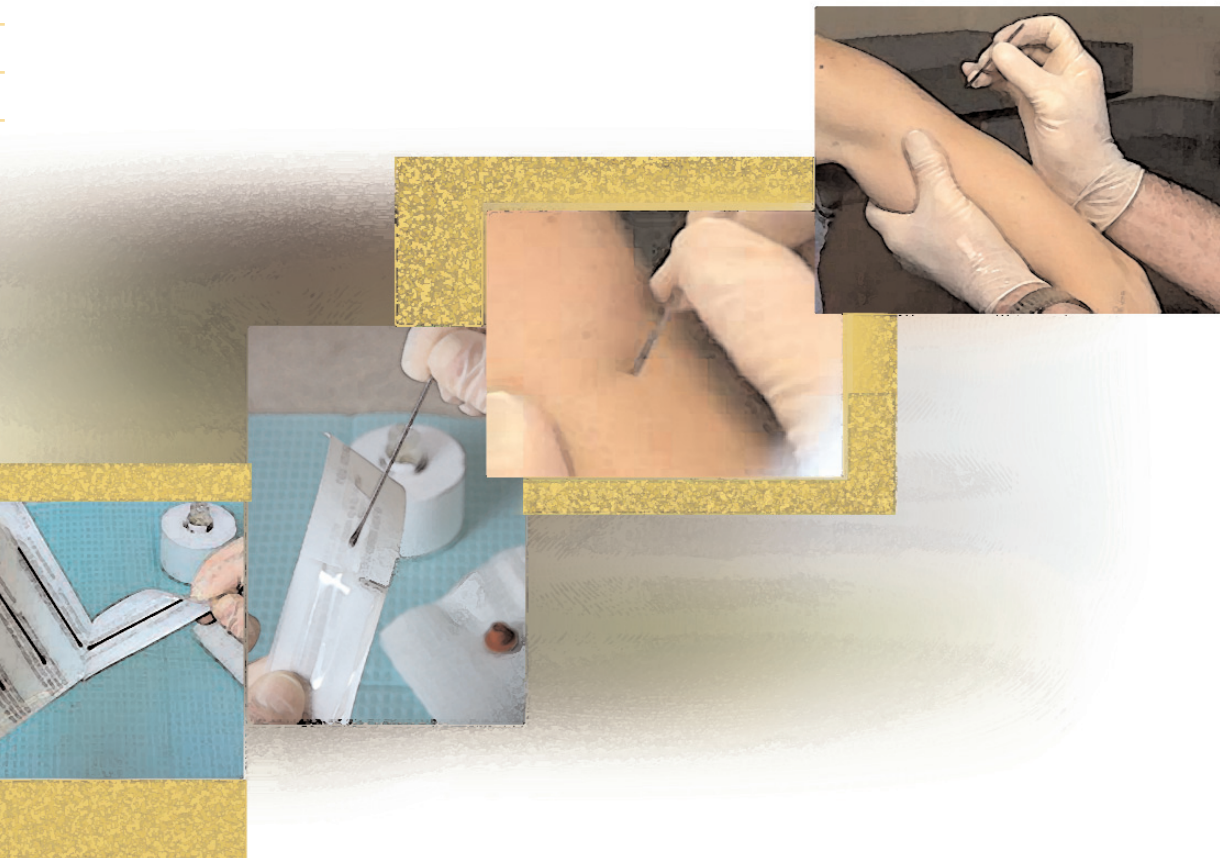
Video Presentation

(15 minutes)

Instructor:

"Today you'll be viewing an orientation exercise for operating a mass vaccination clinic during a public health emergency. The video will demonstrate how an orientation exercise can help prepare public health staff for a smallpox emergency that would require opening up multiple clinic sites. The video documents an exercise conducted by the Montgomery County, Maryland Public Health Service in June 2004. I would suggest that you take notes during the video because there will be questions for you to answer afterward."

Note: Allow participants to view the video.



Q&A: Questions

(15 minutes or more)

Note: For this exercise, you'll need to make copies of the questions found in Appendix S.

Instructor:

"Now that you have viewed the video, I would like you to answer four sets of questions related to the four stations of the DVC:

- ▶ Station 1-Triage and Registration
- ▶ Station 2-Education
- ▶ Station 3-Medical Screening
- ▶ Station 4-Medication/Vaccination

"Please think carefully as you answer the questions. If you have any questions of your own, please include them with the questions."

Note: Depending on the number of participants, you can let people respond individually or divide them into groups for each set or all sets of questions. Distribute the questions.

"You have 15 minutes to answer the four sets of questions. We'll then discuss your responses after a short break.

Note: Allow the group(s) 15 minutes and then dismiss for the break.

Q&A: Answers

(20 minutes)

Instructor:

"Now we'll share some of your responses to the questions."

Note: You might allow more time if needed. If the participants divided into groups, reconvene the larger group. Read each question and encourage individuals or groups to share their responses. Invite discussion or feedback from the group, if time allows.

(notes)

Summary and Evaluation

(10 minutes)

"Now that you have viewed the video of a mock DVC exercise and reflected on its contents, you will be in a better position to set up your own DVC. It takes lots of practice to tweak the process to meet your community's needs best. Even though the video did not demonstrate your community's actual DVC plans, there are many similarities and useful ideas. We need to practice our own jurisdiction's plans often so that we can communicate effectively and put in place multiple ways to deal with any problems or glitches that arise. What have you learned from this experience?"

Note: Allow a few minutes for participants to respond.

"Today you have watched a video with critical eyes and ears. You've come away with some insights of your own. I will be handing out evaluation forms for the Dagwood training. Please answer each question thoroughly and sincerely. We will seriously consider your comments and suggestions; they will help us decide how to improve our training efforts for future participants."

Note: This is a critical point to introduce NEXT STEPS in your jurisdiction's emergency planning efforts and to promote future training events or other activities designed to keep participants engaged in the process. You may also want to offer an incentive (mini flashlight, magnet, or button) to encourage a high rate of returning the evaluations.

"Thank you for your dedicated and thoughtful participation. And as they say in Montgomery County, 'Plan to be safe!'"

Note: Pass out the evaluation forms and collect them. Dismiss the group and thank individual participants as they leave. (See Appendix T for a sample evaluation form.)

Glossary

(notes)

Activating: a brief activity conducted at the start of the session designed to whet the participants' appetite for training. The activity makes a connection between what is already familiar to the participants and what they will learn in the training. Activating helps participants prepare for training by encouraging a receptive frame of mind.

Agenda: a sample of the minimum amount of time needed to attain the training goal.

Curriculum: the specific, substantive details, activities, and 1 performance expectations presented in the session-what the participant will do, and what they will learn.

Evaluation: a sheet of questions allowing the participants to evaluate the effectiveness of the training, the results of which will guide program planners in improving future training sessions. The more specific the evaluation, the more useful it will be for both program planners and instructors.

Facilitator: a training staff member who encourages participation, keeps the participants on track, and fosters thoughtful dialogue.

Instructor: a training staff member who introduces the session, leads activities, and provides guidance to the participants to meet the goals and objectives of the training. The instructor should have knowledge of and experience in the subject area.

Materials: the various instructional props and tools, office supplies, handouts, and evaluation forms needed to carry out the curriculum planned for the session.

Recorder: a participant who is able to capture the essence of what is said during discussions and who writes it down for later sharing with the larger group.

Reporter: a participant who uses the work of the recorder to summarize the group's work on a specific task.

Report-out: an activity that summarizes the key points in the instructor's/facilitator's teaching and the group's processing of the scenario. The report-out should give the participants a global understanding and practical grasp of the main concepts and ideas taught.

Tabletop training: a training session that poses and solves problems through group discussion in a "roundtable" setting.

Training goal: the general concepts and behaviors the participants are expected to learn in the current training session. The training goal is very specific to the content being taught; it is less abstract than the ultimate goal (see below). The training goal represents a step toward reaching the ultimate goal.

Training objectives: the detailed, specific concepts and behaviors the participants are expected to learn in the current training session. The training objectives break down the training goal (see above) into smaller, concrete parts that the lesson will address step-by-step during the session.

Ultimate goal: the concepts and behaviors that participants are expected to be able to deploy in the field, partly as a result of the current training and partly as a result of other initiatives taken by both the participant and the larger organization. This component of the training guide lays out the "big picture." It lets everyone know that the training presented is a small piece of the puzzle that leads to achievement on a larger scale.